



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

February 21, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Four Sons Inc, d.b.a. Havelock Social Hall, 4538 North 62nd Street requesting a class I liquor license.

Todd Corliss, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Todd Corliss was born in Lincoln, Nebraska. He attended Waverly High School graduating in 1985. Mr. Corliss has been the owner of Trakside Bar in Waverly since 1995.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: HAVERLOCK SOCIAL HALL

Address: 4538 N 62 Phone: 467-3002

Type of Investigation: Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: SOCIAL HALL

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: _____ Source: _____

Lease Agreement: 4700 per mo

Sales: %Food: 60 %Liquor: 40

Located: Commercial Industrial Residential

Traffic Flow: Moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: _____

Food Service: Yes No Employees: F/T 1 P/T 2

Est Seating: 300/250 Est Daily Customers —

Hours of Operation: when needed

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) HAVELOCK SOCIAL HALL

☒ Manager

☒ Owner

Other _____

Name: Todd Corliss

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No

Yes

Explain _____

Does applicant have an interest in another liquor license ? No

☒ Yes

Explain _____

Is spouse qualified to hold a license ? Yes

No

☒ N/A

How is applicant if not an owner to be paid ? Salary

Hourly

N/A

How many hours will applicant be at the establishment ? 40-60

Any other employment ? No

☒ Yes, explain

TRACKSIDE BAR - WAVERLY

Any previous experience with a liquor license ?

☒ Yes

No

Any criminal convictions ? ☒ No

Yes

Comments _____

Is applicant a property owner in Lincoln ? Yes

☒ No

Is applicant involved in any civil litigation ? ☒ No

Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments _____

Interview Date 2/21/06



FILED

PH. 3/13/06
STATE OF NEBRASKA

Dave Heineman
Governor

FEB 13 2006

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

February 10, 2006

46-015134
5

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

RE: Application for Class I License for Four Sons, Inc. DBA Havelock Social Hall

Dear Local Governing Body:

4538 N 62nd

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time no less than 7 days, and no more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Katie Lanning
Licensing Division

Enclosure
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

CTIS 200874

Locals
CLASS I - 71553 K
LICENSE APPLICATION CHECKLIST

Applicant Name Four Sons Inc Telephone # 467-3002

Trade Name Havelock Social Hall Previous Trade Name _____

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked off and included or marked N/A for not applicable.

- X 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 per person. All areas must be completed on cards as per brochure.
- X 2. Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- X 3. Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
- X 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- X 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
All ready own business
- X 6. Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
no agreement
- X 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
NOT purchasing any alcohol

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$295.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$545.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 5,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1
☐ Partnership License, requires insert form 2
☒ Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Todd Conless

Phone: 467-3002 / 432-8483

Firm Name: Havelock Social Hall

Firm address: 4538 N. 62nd Lincoln

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ Yes If yes, please explain below or attach a separate page.

☐ No Craig Blake - D.U.I., Lincoln NE,
July 1990

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

☐ Yes

Current business name and license number _____

☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement.

Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.

☐ Yes

☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

☐ Yes

☒ No

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

TODD COMISS - 40-60 hrs per week

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Havelock Social Hall - 1995 to Present

Trackside Bar - 1995 - 1999

Ashland Keno - 1999 - 2000

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 12-31-08

☐ Deed

☐ Purchase Agreement

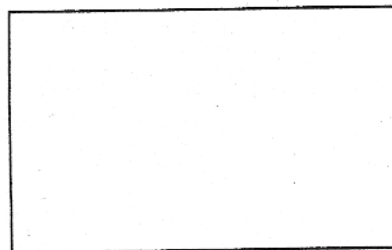
15. When do you intend to open for business? Business has been open since Jan. 1995, operating under catering license from Trackside Bar #IDK 30885
16. What will be the main nature of business? What are the anticipated hours of operation? wedding Receptions, Holiday Parties, Alcohol will only be served Friday and Saturdays, with occasional days during week. Most parties start around 5:00pm. Any parties must end after 7 hours or 12:30 A.M.
17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Todd, Allison Comiss, 17801 N. 162nd	1999	Present	Waverly, NE
Todd, Allison Comiss, 6933 Platte Ave.	1995	1999	Lincoln, NE
Keith, Cindy Blake 10161 N. 150th	2004	Present	Waverly, NE
Keith, Cindy Blake 4149 N. 71st	1995	2004	Lincoln, NE
Craig, Lori Blake 17205 Adams	1995	Present	Lincoln, NE
Darren, Tammy Blake 9000 Waverly	1996	Present	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Four Sons Incorporated

Corporate Street Address: 13901 Guildford #7

City: Waverly State: NE Zip Code: 68462

Corporate Telephone Number 402-786-2114

Total number of shares issued (if corporation) 2,000

Is this a Non Profit Corporation? ☐ YES ☒ NO
If yes, what is your Federal ID #? _____

Name of Registered Agent David Watermeier

Name of Proposed Manager Todd J. Corliss
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Blake First Name: Darren MI M.

Address Street 9000 Waverly Rd City Lincoln

State NE Zip Code 68517 Home Phone number 464-4818

Social Security Number _____ Date of Birth _____

Last Name Blake First Name Darren

Social Security Number _____ Date of Birth _____

Title President Number of Shares 500

Spouse Name (indicate N/A if single) Tammy Blake

Spouse Social Security Number _____ Date of Birth _____

Title N/A Number of Shares -0-

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

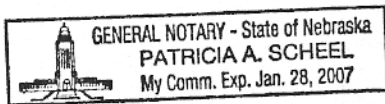
Title _____ Number of Shares _____

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

Alcison M. Corliss
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 5th day
of FEBRUARY, 2006.

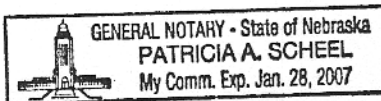


Patricia A. Scheel
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Todd J. Corliss, Todd J. Corliss
*Signature of applying individual Print name of applying individual
(spouse of individual listed above)

SUBSCRIBED in my presence and sworn to before me this 5th day
of FEBRUARY, 2006.



Patricia A. Scheel
Signature of Notary Public

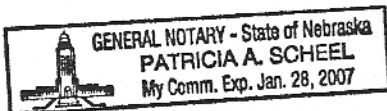
*spouse of individual listed above is the individual required to sign bottom portion of affidavit

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

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Tammy Blake
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 1st day
of FEBRUARY, 2006.

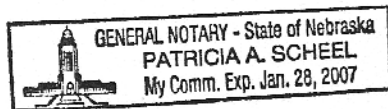


Patricia A. Scheel
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature] *Darren M. Blake*
*Signature of applying individual Print name of applying individual
(spouse of individual listed above)

SUBSCRIBED in my presence and sworn to before me this 1st day
of FEBRUARY, 2006.



Patricia A. Scheel
Signature of Notary Public

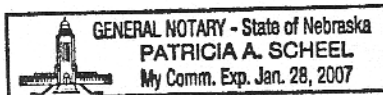
*spouse of individual listed above is the individual required to sign bottom portion of affidavit

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

Joni Blah
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 1ST day
of FEBRUARY, 2006.



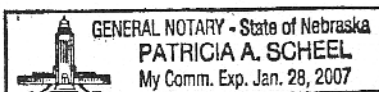
Patricia A. Scheel
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Craig M Blake
*Signature of applying individual
(spouse of individual listed above)

Craig M Blake
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 1st day
of FEBR, 2006.



Patricia A. Scheel
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

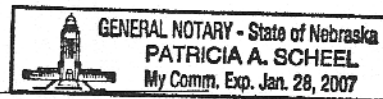
**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

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Cindy Blake
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 15th day
of FEBRUARY, 2006.

Patricia A. Scheel
Signature of Notary Public

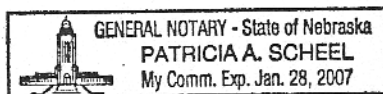


The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Keith Blake
*Signature of applying individual
(spouse of individual listed above)

Keith Blake
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 15th day
of FEBRUARY, 2006

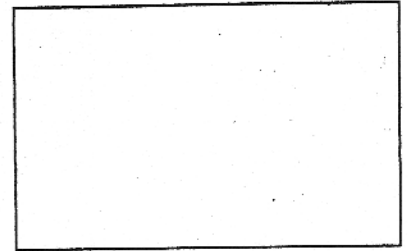


Patricia A. Scheel
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Four Sons Inc.

CLASS & LICENSE NUMBER IDK 30885

TRADE NAME Trackside Bar

STREET ADDRESS 13901 Guildford #7 CITY Waverly


SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Todd J. Corliss

ADDRESS 17801 N. 162nd

CITY Waverly STATE NE ZIP CODE 68462

HOME PHONE NUMBER 402-789-2379 BUSINESS PHONE NUMBER 402-467-3002

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH Lincoln, Lancaster

DRIVERS LICENSE NUMBER & STATE _____ - NEBRASKA

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Allison M. Corliss

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Scott J. Corliss
Signature of Applicant

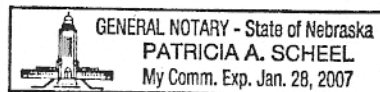
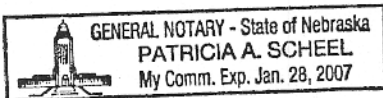
Allison M. Corliss
Signature of Spouse

Subscribed in my presence and sworn to before me this 1ST
day of FEBR, 2006

Subscribed in my presence and sworn to before me this 1ST
day of FEBR, 2006

Patricia A. Scheel
Notary Signature & Seal

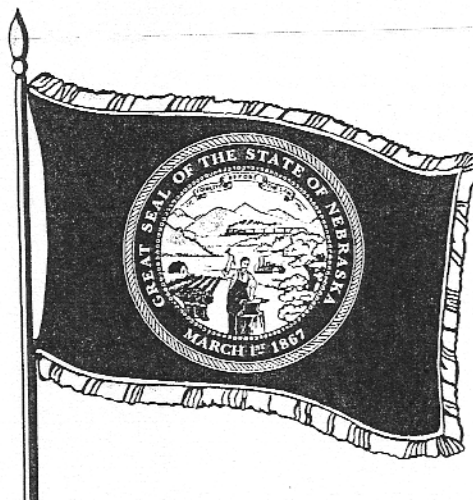
Patricia A. Scheel
Notary Signature & Seal



STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

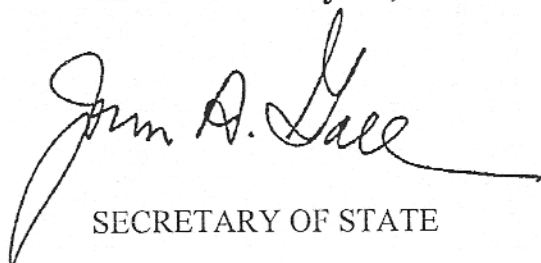
the attached is a true and correct copy of Articles of Incorporation as
filed in this office on January 28, 1994, and all amendments thereto of

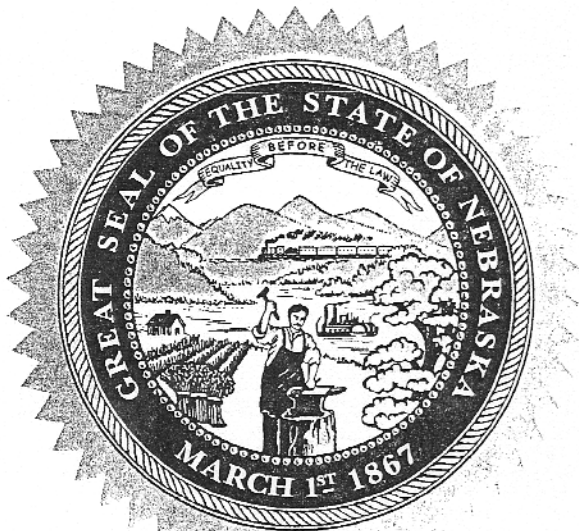
FOUR SONS, INC.

with its registered office located in LINCOLN, Nebraska.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State of
Nebraska on January 12, 2006.


SECRETARY OF STATE



FILED NO.
LANCASTER COUNTY
DENIS A. PETTINGER
COUNTY CLERK

94 AUG 29 AM 8 28

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, Lancaster County, ss:

Morrow, Poppe, Otte, Watermeyer
& Phillips, P.C., Attorneys
P.O. Box 43439

AMENDMENT OF ARTICLES OF INCORPORATION FOR TWO SONS, INC.

Pursuant to the provisions of Section 21-2056 and Section 21-2060 of the Nebraska Business Corporation Act, the undersigned Corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. That the name of the Corporation shall be changed to Fours Sons, Inc.
2. That the adoption of the Articles of Amendment by the shareholders and directors of the Corporation shall be as of the 1st day of July, 1994.

3. That consent in writing has been given by all of the directors and by all of the shareholders of all shares entitled to vote on the Articles of Amendment unanimously approving of such Articles of Amendment.

4. This Amendment does not effect any exchange, reclassification or cancellation of any issued shares of the stock of the Corporation, and further does not further effect a change in the amount of stated capital in the Corporation.

These Articles of Amendment are dated this 1st day of July, 1994.

TWO SONS, INC.

By: Darren Blake, President

Keith Blake, Secretary/Treasurer

Aug 23 (Tue)

Aug 9-16-23

Scott G. Stewart, being duly sworn, deposes and says that he/she is an editor or manager of The Daily Reporter, a legal daily newspaper printed, published and of general circulation in the County of Lancaster and State of Nebraska, and that the attached printed notice was published in the said newspaper once each week three successive weeks, the first insertion having been on the 9 day of August A.D., 19 94, and thereafter on August 16 and 23 19 94, and that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge.

RECEIVED

SEP 29 1994

SECRETARY OF STATE
CORPORATION DIVISION

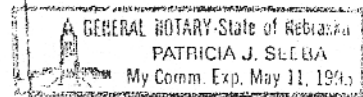
scribed in my presence and sworn to

before me 23 August 1994

Patricia J. Seelba
Notary Public

Printer's Fee \$ 56.32

04-18



313

LEASE AGREEMENT

This lease agreement entered into and between Steve Blake {lessor} and
Four Sons Inc. {lessee}, this 1st day of January 2006

In consideration of the mutual promises and covenants hereafter made the parties hereto agree
as follows:

1. Lessor agrees to rent and lease unto lessee the premises located at 4534 & 4538 North
62nd. & 6212 Platte, {units 1-2-3 & 4 of M. P. Condominium, Unit # 4 being parking lot} Lincoln,
Nebraska, for the sum of \$4700.00 per month, payable to lessor on or before the 15th. day of
each month. Partial payments of rent will not be acceptable.
2. The term of this lease shall be three years and shall automatically renew on the first day of
January 2009, unless 30 days written notice is given by either party.
3. Lessee will pay and be responsible for all utilities in the leased premises including snow
removal.
4. All repairs, maintenance and upkeep on building and parking lot to be paid by lessee.
5. Lessee will pay all property taxes & paving taxes for units 1-2-3 & 4 of M. P. Condominium
and put said payments in an escrow account on the 1st. day of each month. Payments shall
consist of the total yearly taxes divided by 12 payments.
6. Lessee agrees to carry property & general liability Ins., covering the leased premises, and
shall be solely responsible for any injury or damage to any third party, guest, invitee or licensee
who may be injured while lawfully on said leased premises, during the term of this lease.
7. The leased premises shall be used for and social functions only, and may not be sublet for
any other purpose unless authorized by lessor.

Dated this 1st day of January, 2006

Steve Blake Lessor Four Sons Inc. Lessee